BROWN COUNTY HCC BAYVIEW FDD

2900 ST ANTHONY DR

GREEN BAY	54311	Phone: (920) 391-4700		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction with 1	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	56	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	56	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	55	Average Daily Census:	53

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	7.3	
Supp. Home Care-Personal Care	No					1 - 4 Years	14.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	89.1	More Than 4 Years	78.2	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	5.5			
Respite Care No		Mental Illness (Other)	0.0	0.0 75 - 84			100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		Nursing Staff per 100 Residents		
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	10.9			
Transportation	No	Cerebrovascular	0.0			RNs	5.5	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	6.2	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	60.0	Aides, & Orderlies	54.6	
Mentally Ill	No			Female	40.0			
Provide Day Programming for			100.0			ĺ		
Developmentally Disabled	Yes	İ			100.0	İ		

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				55	100.0	183	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	55	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		55	100.0		0	0.0		0	0.0		0	0.0		0	0.0		55	100.0

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BROWN COUNTY HCC BAYVIEW FDD
Facility ID: 1711
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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04			
Deaths During Reporting Period										
					% Needing		Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	9.1		67.3	23.6	55			
Other Nursing Homes	25.0	Dressing	9.1		69.1	21.8	55			
Acute Care Hospitals	0.0	Transferring	67.3		21.8	10.9	55			
Psych. HospMR/DD Facilities	50.0	Toilet Use	43.6		41.8	14.5	55			
Rehabilitation Hospitals	0.0	Eating	58.2		29.1	12.7	55			
Other Locations	25.0	********	******	*****	******	******	*******			
Total Number of Admissions	4	Continence		%	Special Treat	ments	ક			
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving R	espiratory Care	0.0			
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	52.7	Receiving T	racheostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	34.5	Receiving S	uctioning	0.0			
Other Nursing Homes	25.0				Receiving O	stomy Care	0.0			
Acute Care Hospitals	0.0	Mobility			Receiving T	'ube Feeding	1.8			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	14.5	Receiving M	echanically Altered Diets	0.0			
Rehabilitation Hospitals	0.0									
Other Locations	50.0	Skin Care			Other Residen	t Characteristics				
Deaths	25.0	With Pressure Sores		0.0	Have Advanc	e Directives	100.0			
Total Number of Discharges		With Rashes		3.6	Medications					
(Including Deaths)	4				Receiving P	sychoactive Drugs	74.5			

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	93.1	1.02	88.8	1.07
Current Residents from In-County	87.3	35.3	2.47	77.4	1.13
Admissions from In-County, Still Residing	100.0	11.4	8.81	19.4	5.15
Admissions/Average Daily Census	7.5	20.4	0.37	146.5	0.05
Discharges/Average Daily Census	7.5	28.3	0.27	148.0	0.05
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	10.9	16.0	0.68	87.9	0.12
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	40.0	55.0	0.73	49.4	0.81
Psychological Problems	74.5	48.1	1.55	57.7	1.29
Nursing Care Required (Mean)*	0.7	10.7	0.06	7.4	0.09